

MAR 13 1937

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Jackson
 Township Kaw
 City Kansas City

Registration District No. 377
 Primary Registration District No. 1002
 (No. Pickwick, Hotel)

File No. 6247
 Registered No. 633
 St. _____ Ward _____

2. FULL NAMECalvert P. Thorpe

(a) Residence, No. 1732 East 47th St. Terrace Ward _____
 (Usual place of abode)
 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillian Fuhr Thorpe
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 18, 1905
 7. AGE YEARS 31 MONTHS 4 DAYS 21 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Federal Reserve bank
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employee
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

13. NAME D. Calvert Thorpe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME Marjorie E. Sutton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnesota

17. INFORMANT Mrs. Lillian Fuhr Thorpe
 (ADDRESS) 1732 E. 47th St. Terrace, Kansas City

18. BURIAL Cemetery, Kansas City, Mo.
 PLACE Kansas City, Mo. DATE Feb. 3, 1937

19. UNDERTAKER Stine & McClure
 (ADDRESS) 3235 Gillham Plaza

20. FILED 2nd 37 M. M. Browne
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY 22, 1937

22. I HEREBY CERTIFY That I attended deceased from _____, 19____

I last saw him _____ alive on _____, 19____ Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Sodium Fluoride poisoning

Other contributory causes of importance: 163

Name of operation Autopsy Date of operation 4/2/37

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Date of injury 4/2/37

Where did injury occur? Hotel (Specify city or town, county, and State)

Specify whether injury occurred in industry, home, or in public place. Hotel

24. Was disease of injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) _____, M. D.

(Address) 2nd 37 M. M. Browne

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2-5